										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO											001	م ام		
Effective December 29, 1999											771	36	label	12
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMA TYP		ENTITY	OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RAT	E	FEE]	RATE	FEE
BASIC FEE											345.00	OR		690.00
TOTAL CLAIMS			// minus 20=			•			X\$ 9	9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =			*			X39)=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130	 0=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOT			OR	TOTAL	690
CLAIMS AS AMENDED - PART II										-	L	_	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMA	LL	ENTITY	OR	SMALL		
AMENDMENT X	Ċ	REM Af	AIMS IAINING FTER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	7	Minus	***(20	= -		XS			OR	X\$18=	
AME	Independent	• /	′	Minus	**	· 3	= -		X39			OR	X78=	
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	EN	DENT CLAIM			+130)=		OR	+260=	
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(Column 1) (Column 2) (Column 3)									ADDIT.	FEE		」	ADDIT. FEE	
AMENDMENT B	William State of the State of t		AIMS IAINING	A CLOSE		HIGHEST NUMBER	PRESENT				ADDI-]		ADDI-
		Al	FTER NDMENT		P	REVIOUSLY PAID FOR	EXTRA		RAT	Ε	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**		=		X\$ 9) =		OR	X\$18=	
	Independent	* .		Minus	**		=		X39)=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MULTIPLE DEI		ENDENT CLAIM			┛┟)=		OR	+260=	
									TO	TAL			TOTAL	
		(00)	umn 1)		"	Column 2)	(Column 3)		ADDIT.	FEE	<u></u>	7°''	ADDIT. FEE	
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AMENDMENT (Α	IAINING FTER NDMENT			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE
	Total	•		Minus	**		=		X\$ 9) =		OR	X\$18=	
	Independent	*		Minus	**		=		X39)=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											1	1060	
٠,	f the entry in colu	mn 1 is	less than th	ne entry in colu	ımn 2	2, write "0" in co	olumn 3.		+130)= TÄL		OR	+260= TOTAL	
•••	If the "Highest Nu If the "Highest Nu	mber Pr	eviously Pareviously Pareviously Pareviously	aid For" IN THI aid For" IN TH	S SP IS SF	PACE is less that PACE is less that	an 20, enter "20. an 3, enter "3."		ADDIT.	FEE		OR	ADDIT. FEE	
•	The "Highest Num	nber Pre	viously Pai	id For" (Total o	r Inde	ependent) is the	e highest numbe	er fo	und in th	1е ар	propriate bo	ox in co	lumn 1.	

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA** RATE RATE FEE FEE 571000 BASIC FEE OR (37 CFR 1.16(a)) **TOTAL CLAIMS** minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = OR = (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR = 710.00 TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE (Column 3) ADDIT. FEE (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR OR ** Minus = (37 CFR 1 16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL. TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".